

Fill in this information to identify the case and this filing:

Debtor Name Curitec, LLC

United States Bankruptcy Court for the: Southern District of Texas
(State)

Case number (If known): 23-90108

Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors****12/15**

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

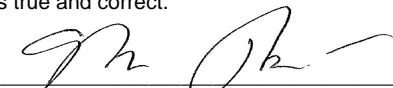
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 03/24/2023
MM / DD / YYYY

x 

Signature of individual signing on behalf of debtor

Nicholas Percival

Printed name

Manager and Chief Operating Officer

Position or relationship to debtor

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

In re:)	
)	
CURITEC, LLC ¹)	Chapter 11
)	
Debtor.)	Case No. 23-90108 (CML)
)	

**GLOBAL NOTES REGARDING THE DEBTOR'S SCHEDULES
OF ASSETS AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

Curitec, LLC (“Curitec,” or the “Debtor”) submits its Schedules of Assets and Liabilities (the “Schedules”) and Statement of Financial Affairs (the “Statements”) pursuant to § 521 of title 11 of chapter 11 of the United States Code (the “Bankruptcy Code”) and Rule 1007 of the Federal Rule of Bankruptcy Procedure (the “Bankruptcy Rules”).

These global notes (the “Global Notes”) pertain to and comprise an integral part of the Debtor’s Schedules and Statements and should be referenced in connection with any review thereof. In the event that the Schedules and Statements conflict with the Global Notes, the Global Notes shall control.

The Schedules and Statements have been prepared by the Debtor’s management in consultation with the Debtor’s bankruptcy professionals. Although the Debtor has made every effort to ensure that the Schedules and Statements are accurate and complete based on information that was available at the time of preparation, the subsequent receipt of information may result in material changes in information contained in the Schedules and Statements, which may warrant amendment of the same.

The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States (“GAAP”) nor are they intended to be fully reconciled to the financial statements of the Debtor. The Schedules and Statements contain unaudited information that is subject to further review and potential adjustment. The Schedules and Statements reflect the Debtor’s reasonable efforts to report the assets and liabilities of the Debtor. Unless otherwise indicated, all amounts are reflected in U.S. dollars.

Although every effort has been made to file complete and accurate Schedules and Statements, inadvertent errors or omissions may exist. Accordingly, the Debtor reserves the right to amend its Schedules and Statements as necessary or appropriate.

¹ The last four digits of the taxpayer identification number of Curitec, LLC are 3000. The principal office of Curitec, LLC are located at 24 Waterway Ave, Suite 755, The Woodlands, TX 77380.

As with the preparation of any financial statements, preparation of the Schedules and Statements required the Debtor to make reasonable estimates and assumptions with respect to the reported amounts, including but not limited to amounts of assets and liabilities, the amount of contingent assets and contingent liabilities on the date of filing the Schedules and Statements, and the reported amounts of revenues and expenses during the applicable reporting periods. Actual results could differ materially from such estimates.

In certain instances, current market valuations for individual items of property and other assets are neither maintained by, nor readily available to, the Debtor. Accordingly, unless otherwise indicated, assets presented in the Debtor's Schedules and Statements represent estimates for the lower of cost or net book values as of March 3, 2023. Market values may vary materially from values presented. The Debtor believes that it would be an inefficient use of estate resources for the Debtor to obtain estimates for current market values of property and individual assets. Accordingly, the Debtor has indicated in the Schedules and Statements that the values of certain assets and liabilities are undetermined. The omission of an asset from the Schedules and Statements does not constitute a representation regarding the economic value or ownership of such asset and any such omission does not constitute a waiver of any rights of the Debtor with respect to such asset.

The Debtor reserves the right to assert that the fair market or other value of its assets and liabilities are other than set forth in the Schedules and Statements. Any failure to designate a claim listed on the Debtor's Schedules as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtor that such amount is not "disputed," "contingent," or "unliquidated." The Debtor reserves the right to dispute, or to assert setoff rights, counterclaims, or defenses to any claim reflected on its Schedules as to amount, liability, or classification or to otherwise subsequently designate any claim as "disputed," "contingent," or "unliquidated." The Debtor further reserves the right to characterize any lease transaction on Schedule G as a financing transaction.

The Debtor has authority to pay certain outstanding prepetition claims pursuant to one or more orders of the Bankruptcy Court. The Schedules and Statements reflect the Debtors' outstanding liabilities in their amounts owed as of the Petition Date without reducing liabilities on account of such payments. The Debtor reserves all rights to amend or supplement the Schedules and Statements or to take other action, such as filing claims objections, as is necessary and appropriate to avoid overpayment or duplicate payments for liabilities. Nothing contained herein should be deemed to alter the rights of any party in interest to contest a payment made pursuant to an order of the Bankruptcy Court where such order preserves the right to contest.

Fill in this information to identify the case:Debtor name **Curitec, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**Case number (if known) **23-90108 (CML)**☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **4,818,721.68****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **4,818,721.68****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **1,800,000.00****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **132,968.41****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **1,687,077.86****4. Total liabilities**Lines 2 + 3a + 3b \$ **3,620,046.27**

Fill in this information to identify the case:Debtor name **Curitec, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**Case number (if known) **23-90108 (CML)**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **City National Bank****Checking****5856****\$1,109,984.71****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$1,109,984.71**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. **24 Waterway LLC - Security Deposit****\$12,595.59**7.2. **Liles Parker PLLC - Retainer****\$9,901.00****8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Debtor **Curitec, LLC**
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Description, including name of holder of prepayment

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$22,496.59**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

*** Please see attached Schedule A/B.10 for additional information on the Debtor's accounts receivable and related estimates of value. The Debtor reserves all rights as to valuation.

11. Accounts receivable ***

11a. 90 days old or less: 3,625,949.04 - 3,625,949.04 = Unknown
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 3,996.00 - 3,996.00 = Unknown
face amount doubtful or uncollectible accounts

12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$0.00**Part 4: Investments****13. Does the debtor own any investments?**

- ☐ No. Go to Part 5.
- ☒ Yes Fill in the information below.

Valuation method used
for current valueCurrent value of
debtor's interest**14. Mutual funds or publicly traded stocks not included in Part 1**
Name of fund or stock:**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**
Name of entity: % of ownership

15.1. Membership Interest Jaunt Jet LLC 100 % Unknown

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1
Describe:**17. Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$0.00**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
- ☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

Debtor Curitec, LLC
NameCase number (If known) 23-90108 (CML)

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office Furniture	\$0.00	Original Cost	\$38,446.99
40.	Office fixtures Leasehold Improvements	\$0.00	Original Cost	\$4,492.38

41. Office equipment, including all computer equipment and communication systems equipment and software

42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7.
Add lines 39 through 42. Copy the total to line 86.

\$42,939.37

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

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	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites <u>https://curitec.com/</u>	Unknown		Unknown
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations Customer List	Unknown		Unknown
	DOB Address MBI Medicare Number and/or Insurance Number Social Security Number Gender	Unknown		Unknown
64.	Other intangibles, or intellectual property			
65.	Goodwill			
66.	Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$0.00
67.	Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
68.	Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
69.	Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**
 Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes Fill in the information below.

		Current value of debtor's interest
71.	Notes receivable Description (include name of obligor) Promissory Note from N. Percival dated 12/31/20 in the amount of \$1,589,000. Matures March 01, 2051	
	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div> 1,589,000.00 <small>Total face amount</small> </div> <div style="text-align: center;">-</div> <div> 0.00 <small>doubtful or uncollectible amount</small> </div> <div>=</div> </div>	
		\$1,589,000.00

Debtor Curitec, LLC Case number (If known) 23-90108 (CML)
 Name

Promissory Note from N. Percival dated 12/31/20 in the amount of \$241,892. Matures March 01, 2051

<u>241,892.00</u>	-	<u>0.00</u>	=
Total face amount		doubtful or uncollectible amount	
			<u>\$241,892.00</u>

72. **Tax refunds and unused net operating losses (NOLs)**
 Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

Unknown and the Debtor will supplement as needed

\$0.00

Nature of claim

Amount requested

\$0.00

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

Please see Schedule A/B .10

\$1,812,409.01

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$3,643,301.01

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor **Curitec, LLC**
Name

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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$1,109,984.71	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$22,496.59	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$42,939.37	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$3,643,301.01	
91. Total. Add lines 80 through 90 for each column	\$4,818,721.68	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$4,818,721.68

Curitec, LLC
Schedule A/B Part 3: Accounts Receivable
Schedule A/B Part 11: All Other Assets
As of 3/3/23 ⁽¹⁾

Accounts Receivable (AR)						
		<= 90 days	>= 90 Days	Other		Total Amount
<u>AR</u>						
Medicare - billed payment held	(2)	\$ 2,106,163	\$ -	\$ -		\$ 2,106,163
Medicare - billed awaiting payment	(3)	1,519,786	3,996	-		1,523,783
Gross Total AR		\$ 3,625,949	\$ 3,996	\$ -		\$ 3,629,946
Less: Potentially Uncollectible	(5)	(3,625,949)	(3,996)	-		(3,629,946)
Net, Collectible AR ^(1a)		\$ -	\$ -	\$ -		\$ -

Other Asset (Work In Process Billing)						
<u>Unbilled (WIP)</u>						
Medicare	(4)	\$ -	\$ -	\$ 9,144,209		\$ 9,144,209
Commercial Insurance	(4)	-	-	1,812,409		1,812,409
Deductible Holds	(4)	-	-	660,032		660,032
Gross Unbilled (WIP)		\$ -	\$ -	\$ 11,616,649		\$ 11,616,649
Less: Potentially Uncollectible	(5)	-	-	(9,804,240)		(9,804,240)
Net, Collectible Unbilled (WIP)		\$ -	\$ -	\$ 1,812,409		\$ 1,812,409

(1) Amounts represent net book value. Due to non-month end cutoff and other system related constraints amounts are estimated. Debtor believes the amounts presented are reasonable and present materially amounts as of the petition date

(1a) Amounts excludes amounts owed from commercial insurance which the Debtor accounts for on a cash basis. Debtor approximates that amounts owed from commercial insurance are 10% of amounts payable by Medicare

(2) Services provided, billed to Medicare. Medicare has held payment

(3) Services identical to #2 provided, billed to Medicare. Medicare has not commented on whether payment will be made or held

(4) Services provided but not yet billed

(5) Collection of all Medicare related claims (including those for services provided by not yet billed) are assumed at risk and contingent upon resolution of initial suspensions/setoffs that have given rise to this bankruptcy case.

Fill in this information to identify the case:Debtor name **Curitec, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**Case number (if known) **23-90108 (CML)**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	RGH Enterprises Creditor's Name d/b/a Cardinal Health at-Home 1810 Summit Commerce Park Twinsburg, OH 44087 Creditor's mailing address pranav.kumar@cardinalhealth.com Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Intangible assets Describe the lien Security Interest Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,100,000.00	Unknown

2.2	RGH Enterprises Creditor's Name d/b/a Cardinal Health at-Home 1810 Summit Commerce Park Twinsburg, OH 44087 Creditor's mailing address pranav.kumar@cardinalhealth.com Creditor's email address, if known Date debt was incurred	Describe debtor's property that is subject to a lien Intangible assets Describe the lien Security Interests Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$700,000.00	Unknown
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Debtor **Curitec, LLC**
Name

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Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$1,800,000.0
0**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Chiesa Shahinian & Giantomasi PC
Scott A. Zuber, Esq.
105 Eisenhower Parkway
Roseland, NJ 07068Line 2.1

Fill in this information to identify the case:Debtor name **Curitec, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**Case number (if known) **23-90108 (CML)**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Alfred, Jenna 43 Stone Creek Pl Spring, TX 77382	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$769.23	\$769.23
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Archer, Wendy 7691 Burnside Loop Pensacola, FL 32526	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,115.39	\$2,115.39
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Curitec, LLC Name	Case number (if known)	23-90108 (CML)
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2.3	Priority creditor's name and mailing address Bailey, Amber 50 Stratford Road Concord, VA 24538	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,634.62	\$1,634.62
Date or dates debt was incurred		Basis for the claim: Employee Wages/Benefits		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Bentley, Allison 1000 Windsor Place Circle Grayson, GA 30017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,634.62	\$1,634.62
Date or dates debt was incurred		Basis for the claim: Employee Wages/Benefits		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Blevins, Janaya 10 Rosemont Dr Little Rock, AR 72204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,250.00	\$1,250.00
Date or dates debt was incurred		Basis for the claim: Employee Wages/Benefits		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Boehnert, Mandy 900 Andrews Way South Windsor, CT 06074	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,826.93	\$1,826.93
Date or dates debt was incurred		Basis for the claim: Employee Wages/Benefits		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Curitec, LLC Name	Case number (if known)	23-90108 (CML)
2.7	Priority creditor's name and mailing address Bordovsky, Kim 906 Gazania Hill San Antonio, TX 78260	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$461.54 \$461.54
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.8	Priority creditor's name and mailing address Braunstein, Michael 4287 Palo Verde Drive Boynton Beach, FL 33436	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,307.69 \$2,307.69
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.9	Priority creditor's name and mailing address Bruno, Amanda 1721 McGarity Rd. Temple, GA 30179	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,557.69 \$1,557.69
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.10	Priority creditor's name and mailing address Callahan, Becky 2413 Abigail Lane Mabank, TX 75147	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,538.46 \$1,538.46
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Curitec, LLC Name	Case number (if known)	23-90108 (CML)
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2.11	Priority creditor's name and mailing address Chapman, Cami 3640 n 950 w Ogden, UT 84414	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,019.23	\$2,019.23
	Date or dates debt was incurred	Basis for the claim: Employee Wages/Benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address Covarrubio, Lisa 20463 Clyde Drive New Caney, TX 77357	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,211.54	\$2,211.54
	Date or dates debt was incurred	Basis for the claim: Employee Wages/Benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address Cox, Teresa 3733 W Morning Mist Dr Fayetteville, AR 72704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,634.62	\$1,634.62
	Date or dates debt was incurred	Basis for the claim: Employee Wages/Benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address DeLance, Devyn 11708 Big Holly Ln Conroe, TX 77385	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$760.00	\$760.00
	Date or dates debt was incurred	Basis for the claim: Employee Wages/Benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.15	Priority creditor's name and mailing address Diaz, Adrian 1105 Leland Drive Matthews, NC 28104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,846.16	\$1,846.16
	Date or dates debt was incurred	Basis for the claim: Employee Wages/Benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.16	Priority creditor's name and mailing address Diaz, Kelly 311 S 9th Street Petersburg, IN 47567	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$807.69	\$807.69
	Date or dates debt was incurred	Basis for the claim: Employee Wages/Benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.17	Priority creditor's name and mailing address Dinich, Denise 216 Countryside Lane Mount Laurel, NJ 08054	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,115.39	\$2,115.39
	Date or dates debt was incurred	Basis for the claim: Employee Wages/Benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.18	Priority creditor's name and mailing address Downing, Maureen 1535 S Cedar St Ottawa, KS 66067	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,346.16	\$1,346.16
	Date or dates debt was incurred	Basis for the claim: Employee Wages/Benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	23-90108 (CML)	
2.19	Priority creditor's name and mailing address Elmore, April 16347 Many Trees Lane Conroe, TX 77302	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$880.00	\$880.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.20	Priority creditor's name and mailing address Espinoza, Vicky 3102 Cypress drive Donna, TX 78537	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,346.16	\$1,346.16
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.21	Priority creditor's name and mailing address Fernandez, Samantha 2406 Carriage Lamp Lane Conroe, TX 77384	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,634.62	\$1,634.62
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.22	Priority creditor's name and mailing address Flowers, Kenzi 1102 Northchase Ct Conroe, TX 77301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$760.00	\$760.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Curitec, LLC Name	Case number (if known)	23-90108 (CML)
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2.23	Priority creditor's name and mailing address Forrey, Kristin 4724 Highway 72 New Plymouth, ID 83655	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,423.08	\$1,423.08
Date or dates debt was incurred		Basis for the claim: Employee Wages/Benefits		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.24	Priority creditor's name and mailing address Gaines, Tammy 1127 County road 120 Blue Springs, MS 38828	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,442.31	\$1,442.31
Date or dates debt was incurred		Basis for the claim: Employee Wages/Benefits		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25	Priority creditor's name and mailing address Galli, Melinda 76 Lackawanna Ave Kingston, PA 18704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,730.77	\$1,730.77
Date or dates debt was incurred		Basis for the claim: Employee Wages/Benefits		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.26	Priority creditor's name and mailing address Garcia, Jessica 11201 Boudreaux Rd Apt 911 Tomball, TX 77375	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$720.00	\$720.00
Date or dates debt was incurred		Basis for the claim: Employee Wages/Benefits		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	23-90108 (CML)	
2.27	Priority creditor's name and mailing address Gares, Jack 681 W Racine Loop Casa Grande, AZ 85122	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,826.93	\$1,826.93
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.28	Priority creditor's name and mailing address Gerlach, Mark 4861 E Q st Tacoma, WA 98404	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,826.93	\$1,826.93
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.29	Priority creditor's name and mailing address Gonzalez, Jessica 5261 sw 163 ct Miami, FL 33185	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,634.62	\$1,634.62
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.30	Priority creditor's name and mailing address Grandas, Bobby 30 N Longspur Dr. Spring, TX 77380	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,288.46	\$5,288.46
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.31	Priority creditor's name and mailing address Griggs, Paula 681 County road 190 Houston, MS 38851	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,298.08	\$1,298.08
Date or dates debt was incurred		Basis for the claim: Employee Wages/Benefits		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.32	Priority creditor's name and mailing address Hanaway, Jaclyn 559 Wind Energy Pass Batavia, IL 60510	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,730.77	\$1,730.77
Date or dates debt was incurred		Basis for the claim: Employee Wages/Benefits		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.33	Priority creditor's name and mailing address Hansen, Christy 6426 Jerry Lynn Ln Pensacola, FL 32526	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,634.62	\$1,634.62
Date or dates debt was incurred		Basis for the claim: Employee Wages/Benefits		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.34	Priority creditor's name and mailing address Harmon, Brian 228 Clementine Ct Montgomery, TX 77316	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,365.39	\$3,365.39
Date or dates debt was incurred		Basis for the claim: Employee Wages/Benefits		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	23-90108 (CML)	
2.35	Priority creditor's name and mailing address Hexter, Monica 3237 Memorial Blvd Apt 10-304 Murfreesboro, TN 37129	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,634.62	\$1,634.62
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.36	Priority creditor's name and mailing address Hopkins, Mark 900 Saint Louis Ave apt 3101 Fort Worth, TX 76104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,923.08	\$1,923.08
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.37	Priority creditor's name and mailing address Justiniano, Ruby 2678 Howland Blvd Deltona, FL 32738	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,730.77	\$1,730.77
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.38	Priority creditor's name and mailing address Lamb, Katy 224 Bonnie Brae Hinsdale, IL 60521	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,788.46	\$1,788.46
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Curitec, LLC Name	Case number (if known)	23-90108 (CML)
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2.39	Priority creditor's name and mailing address Lambert, Bonnie 10415 N Strahorn RD Hayden, ID 83835	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,596.16	\$2,596.16
	Date or dates debt was incurred	Basis for the claim: Employee Wages/Benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.40	Priority creditor's name and mailing address Leibowitz, Scott 520 Oldwoods Rd Wyckoff, NJ 07481	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,269.23	\$1,269.23
	Date or dates debt was incurred	Basis for the claim: Employee Wages/Benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.41	Priority creditor's name and mailing address Lewczuk, Paulina 5840 42nd Ave N Saint Petersburg, FL 33709	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,346.16	\$1,346.16
	Date or dates debt was incurred	Basis for the claim: Employee Wages/Benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.42	Priority creditor's name and mailing address Lindsay, Christine 1225 Lawrence Road #718 Kemah, TX 77565	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,730.77	\$1,730.77
	Date or dates debt was incurred	Basis for the claim: Employee Wages/Benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	23-90108 (CML)	
2.43	Priority creditor's name and mailing address Martin, Alex 220 Granada Ave Apt. 9 Long Beach, CA 90803	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,442.31	\$1,442.31
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.44	Priority creditor's name and mailing address McNally, Nancy 7618 Cherokee Spring Way Knoxville, TN 37919	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,884.62	\$2,884.62
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.45	Priority creditor's name and mailing address Medina, Christine 17757 Arminta Street Reseda, CA 91335	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,538.46	\$1,538.46
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.46	Priority creditor's name and mailing address Monteleon, Yvette 111 Soho Circle Lafayette, LA 70508	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,365.39	\$3,365.39
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Curitec, LLC	Case number (if known)	23-90108 (CML)
Name			
2.47	Priority creditor's name and mailing address Moore, Heather 115 Waterside Drive Beaver Falls, PA 15010	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,038.47 \$1,038.47
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.48	Priority creditor's name and mailing address Neal, Shelley 5511 Claymore Meadow Ln Spring, TX 77389	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$760.00 \$760.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.49	Priority creditor's name and mailing address Ngindi, Melissa 23882 Dorrington Estates Lane Conroe, TX 77385	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$684.00 \$684.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.50	Priority creditor's name and mailing address Orlando, Brittany 217 S Jefferson Ave Canonsburg, PA 15317	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,730.77 \$1,730.77
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.51	Priority creditor's name and mailing address Pancake, Cynthia 311 S 9th Street Petersburg, IN 47567	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,538.46	\$1,538.46
Date or dates debt was incurred		Basis for the claim: Employee Wages/Benefits		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.52	Priority creditor's name and mailing address Parker, Nicole 330 Lazy Bar S Rd Somerville, TX 77879	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,596.16	\$1,596.16
Date or dates debt was incurred		Basis for the claim: Employee Wages/Benefits		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.53	Priority creditor's name and mailing address Percival, Maria 75 Northgate Dr Spring, TX 77380	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,346.16	\$6,346.16
Date or dates debt was incurred		Basis for the claim: Employee Wages/Benefits		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.54	Priority creditor's name and mailing address Percival, Nick 75 Northgate Dr Spring, TX 77380	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,346.16	\$6,346.16
Date or dates debt was incurred		Basis for the claim: Employee Wages/Benefits		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.55	Priority creditor's name and mailing address Robnett, Abby 3802 County Street 2780 Ninnekah, OK 73067	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; width: 100%;"></div> \$1,538.46	<div style="border-bottom: 1px solid black; width: 100%;"></div> \$1,538.46
	Date or dates debt was incurred	Basis for the claim: Employee Wages/Benefits		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.56	Priority creditor's name and mailing address Rodman, Jill 415 Manchester Pl Bristol, TN 37620	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; width: 100%;"></div> \$1,538.46	<div style="border-bottom: 1px solid black; width: 100%;"></div> \$1,538.46
	Date or dates debt was incurred	Basis for the claim: Employee Wages/Benefits		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.57	Priority creditor's name and mailing address Rodriguez, Carlos 1280 west 46th street apt 903 Hialeah, FL 33012	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; width: 100%;"></div> \$1,634.62	<div style="border-bottom: 1px solid black; width: 100%;"></div> \$1,634.62
	Date or dates debt was incurred	Basis for the claim: Employee Wages/Benefits		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.58	Priority creditor's name and mailing address Roth, Michal 10216 Regal Drive unit 309 Largo, FL 33774	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; width: 100%;"></div> \$461.54	<div style="border-bottom: 1px solid black; width: 100%;"></div> \$461.54
	Date or dates debt was incurred	Basis for the claim: Employee Wages/Benefits		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	23-90108 (CML)	
2.59	Priority creditor's name and mailing address Schexnayder, Raven 9109 East Old Spanish Trail Jeanerette, LA 70544	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,346.16	\$1,346.16
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.60	Priority creditor's name and mailing address Schwab, Jordan 27900 SE Bartlemay Rd Eagle Creek, OR 97022	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,923.08	\$1,923.08
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.61	Priority creditor's name and mailing address Serame, Chaz 33103 134th Ave SE Auburn, WA 98092	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,846.16	\$2,846.16
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.62	Priority creditor's name and mailing address Stevens, Tamis 2188 Richerson Rd Denison, TX 75021	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,346.16	\$1,346.16
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	23-90108 (CML)	
2.63	Priority creditor's name and mailing address Swain, Jenny 233 Terrace Bluff Lane Aledo, TX 76008	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,076.93	\$3,076.93
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.64	Priority creditor's name and mailing address Sweikhart, Ashley 9510 Ashwood Dr Mobile, AL 36695	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,057.69	\$1,057.69
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.65	Priority creditor's name and mailing address Tate, Terry 31357 Pine Run Drive Orange Beach, AL 36561	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,500.00	\$2,500.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.66	Priority creditor's name and mailing address Thuma, Kelly 1710 Briarwood Terrace Springfield, OH 45504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,923.08	\$1,923.08
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Wages/Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.67	Priority creditor's name and mailing address Vaughn, Misty 133 Circle Slope Dr Simpsonville, SC 29681	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,288.46	\$5,288.46
	Date or dates debt was incurred	Basis for the claim: Employee Wages/Benefits		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.68	Priority creditor's name and mailing address Watson, Amy 5700 Tully Court Raleigh, NC 27609	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,596.16	\$2,596.16
	Date or dates debt was incurred	Basis for the claim: Employee Wages/Benefits		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.69	Priority creditor's name and mailing address Weppler, Stephanie 2004 N 12th St Coeur D Alene, ID 83814	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,730.77	\$1,730.77
	Date or dates debt was incurred	Basis for the claim: Employee Wages/Benefits		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.70	Priority creditor's name and mailing address Wieland, Mike 94 Heathermere Dr Galena, OH 43021	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,730.77	\$1,730.77
	Date or dates debt was incurred	Basis for the claim: Employee Wages/Benefits		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.71	Priority creditor's name and mailing address Williams, Kaylena 1303 Gears Rd APT 1319 Houston, TX 77067	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$760.00	\$760.00
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Date or dates debt was incurred	Basis for the claim: Employee Wages/Benefits
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Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address 24 Waterway LLC 24 Waterway Ave, STE 225 Spring, TX 77380 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,673.32
3.2	Nonpriority creditor's name and mailing address Ability Network, Inc. PO Box 856015 Minneapolis, MN 55485 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$924.11
3.3	Nonpriority creditor's name and mailing address American Express 200 Vesey Street New York, NY 10285 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$376,456.90
3.4	Nonpriority creditor's name and mailing address Centers for Medicare & Medicaid Services 7500 Security Blvd Windsor Mill, MD 21244 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.5	Nonpriority creditor's name and mailing address Century Rehabilitation of Texas LLC 4703 Bluebonnet Blvd. Baton Rouge, LA 70809 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,800.00

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3.6	Nonpriority creditor's name and mailing address Curitec LLC Defined Benefit Pension Plan c/o Nicholas Percival 24 Waterway Ave, STE 755 Spring, TX 77380 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Pension Obligation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.7	Nonpriority creditor's name and mailing address Definitive Healthcare 492 Old Connecticut Path, Suite 401 Framingham, MA 01701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106,067.00
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3.8	Nonpriority creditor's name and mailing address Eide Bailly LLP 4310 17th Ave. S. Fargo, ND 58108-2545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
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3.9	Nonpriority creditor's name and mailing address Enterprise Fleet Management PO Box 800089 Kansas City, MO 64180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
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3.10	Nonpriority creditor's name and mailing address Humana PO Box 931655 Atlanta, GA 31193-1655 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,927.03
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3.11	Nonpriority creditor's name and mailing address Idaho State Tax Commission 11321 W. Chinden Blvd Garden City, ID 83714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.74
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3.12	Nonpriority creditor's name and mailing address Integranet Health 2900 N. Loop W. Ste 700 Houston, TX 77092 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$334.66
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3.13	Nonpriority creditor's name and mailing address Liles Parker PLLC 2121 Wisconsin Avenue NW Suite 200 Washington, DC 20007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,484.20
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3.14	Nonpriority creditor's name and mailing address Mary Jane Percival 223 Arabian Drive Spring, TX 77382 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$988,000.00
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3.15	Nonpriority creditor's name and mailing address Medline Department 1080 PO Box 121080 Dallas, TX 75312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,677.75
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3.16	Nonpriority creditor's name and mailing address Michigan Medicaid 22 Center St Ypsilanti, MI 48198 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,884.62
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3.17	Nonpriority creditor's name and mailing address Nethealth 40 24th Street, 1st Floor Pittsburgh, PA 15222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
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3.18	Nonpriority creditor's name and mailing address Pure Speed Lightwave Inc. PO Box 650823 Dallas, TX 75265-0823 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$278.00
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3.19	Nonpriority creditor's name and mailing address RSG Specialty 1100 Walnut St. Ste 3200 Kansas City, MO 64106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,200.00
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3.20	Nonpriority creditor's name and mailing address Salesforce 415 Mission St 3rd Floor San Francisco, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,817.92
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3.21	Nonpriority creditor's name and mailing address Taylor Graphics 1582 Browning Irvine, CA 92606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
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3.22	Nonpriority creditor's name and mailing address United Wound Healing PO Box 24081 Seattle, WA 98124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
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3.23	Nonpriority creditor's name and mailing address UnitedHealthcare PO Box 101760 Atlanta, GA 30392-1760 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,804.02
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3.24	Nonpriority creditor's name and mailing address Wex PO Box 4337 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,777.59
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>132,968.41</u>
5b.	+ \$ <u>1,687,077.86</u>

5c.	\$ <u>1,820,046.27</u>
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Fill in this information to identify the case:Debtor name **Curitec, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**Case number (if known) **23-90108 (CML)**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Office Lease**State the term remaining **3 years**

List the contract number of any government contract _____

**24 Waterway LLC
24 Waterway Ave, STE 225
Spring, TX 77380**2.2. State what the contract or lease is for and the nature of the debtor's interest **Software License**State the term remaining **5/31/2024**

List the contract number of any government contract _____

**Big Tin Can
260 Charles Street – Suite 101
Waltham, MA 02453**2.3. State what the contract or lease is for and the nature of the debtor's interest **Software License**State the term remaining **3 years**

List the contract number of any government contract _____

**Definitive Healthcare
492 Old Connecticut Path, Suite 401
Framingham, MA 01701**2.4. State what the contract or lease is for and the nature of the debtor's interest **Auto Leases - 3 Kia Optimas**State the term remaining **October 2023**

List the contract number of any government contract _____

**Enterprise Fleet Management
PO Box 800089
Kansas City, MO 64180**

Debtor 1 **Curitec, LLC**

First Name

Middle Name

Last Name

Case number (if known)

23-90108 (CML)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Medical Supply Drop and Shipping**

State the term remaining

1 year

List the contract number of any government contract

**Medline Industries LP
Three Lakes Drive
Winnetka, IL 60093**

2.6. State what the contract or lease is for and the nature of the debtor's interest **HME Direct Program Agreement**

State the term remaining

List the contract number of any government contract

**Medline Industries LP
Three Lakes Drive
Winnetka, IL 60093**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Software License**

State the term remaining

Various

List the contract number of any government contract

**Nethealth
40 24th Street, 1st Floor
Pittsburgh, PA 15222**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Cardinal Health At-Home Primary Purchase and Services Agreement/Medical Supply Drop and Shipping**

State the term remaining

3.5 years

List the contract number of any government contract

**RGH Enterprises
d/b/a Cardinal Health at-Home
1810 Summit Commerce Park
Twinsburg, OH 44087**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Software License**

State the term remaining

Various

List the contract number of any government contract

**Salesforce.com Inc.
415 Mission Street 3rd FL
San Francisco, CA 94105**

Debtor 1 **Curitec, LLC**

First Name

Middle Name

Last Name

Case number (if known)

23-90108 (CML)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.10. State what the contract or lease is for and the nature of the debtor's interest **Software License**

State the term remaining **1 year terms**

List the contract number of any government contract

**United Wound Healing
PO Box 24081
Seattle, WA 98124**

Fill in this information to identify the case:Debtor name **Curitec, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**Case number (if known) **23-90108 (CML)**☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*2.1 **Percival, Maria****75 Northgate Dr
Spring, TX 77380****American Express**☐ D _____☒ E/F **3.3**☐ G _____2.2 **Percival, Nick****75 Northgate Dr
Spring, TX 77380****American Express**☐ D _____☒ E/F **3.3**☐ G _____